criteria is evidenced by the disorder previously labeled hysterical personality and now incorporated in the current definition of histrionic personality. Persons suffering from hysterical or histrionic personality disorders show features of dramatic, intensely expressed behavior, emotional lability, exhibitionism, craving for activity and excitement, sexual problems, dependency, vanity and superficial manipulative interpersonal relations. The disorder often presents clinically in the form of verifiable physical symptoms that develop as a consequence of injury, illness or aging. However, patterns frequently emerge involving excessive complaints of the intensity of the disability, as well as dependent relationships (based on financial or emotional rewards) encouraging an unconscious motivation to continue the disability. Often drug or alcohol abuse is an associated symptom.

In the past, under the heading "hysterical personality," these symptoms were almost exclusively diagnosed in women and, indeed, were considered to be a distortion of the "usual" feminine characteristics. Recent clinical observation, however, incorporated into the new criteria for histrionic personality, has concluded the disorder exists in men as well as women and may be manifested by either effeminate passive qualities often seen in homosexual men, or in the newly recognized group of "macho" men, who show the same basic difficulties of dramatic, reactive, expressive, exhibitionistic, aggressive and manipulative behavior. Because this latter group often shows these behaviors with exaggerated stereotypes of masculinity (for example, dress, tattoos, fights, verbal abusiveness and motorcycles or automobiles), the critical characteristic is now considered a distortion of gender behavior with an exaggeration of *either* masculine or feminine characteristics.

The treatment of choice for the various diagnoses continues to be early psychotherapeutic intervention and a return to normal activities, though medications may be helpful for short-term or focal use in relieving symptoms of anxiety or depression. JOE P. TUPIN, MD

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The Newer Antidepressants

SEVERAL NEW ANTIDEPRESSANTS (maprotiline hydrochloride, trazodone hydrochloride, trimipramine maleate and amoxapine) have been marketed in the United States during the past few years. An additional 25 drugs are either currently marketed outside the United States as antidepressants or are in various stages of testing.

Claims of rapid onset of action for some of the newer antidepressants may be true for some patients, but to date none of the newer agents have consistently shown shorter response times than their older counterparts. Some of the new agents may be safer in overdose attempts, but unfortunately adequate assessment of a safety profile of a new antidepressant must await the evaluation of overdosing by many different persons.

It is not clear whether the newer antidepressants have distinctively fewer side effects than some of the older agents. However, particular side effects—for example, anticholinergic—may be lessened with some of the new antidepressants. A complete profile of the side effects for a particular drug (for example, tardive dyskinesia from long-term use of major tranquilizers) may take several years to emerge.

Several studies suggest that for a particular patient one antidepressant may be substantially more effective than another. The newer antidepressants may conceivably afford selected patients therapeutic benefits not available with older agents.

Following are some of the claimed advantages and possible disadvantages of the newly marketed antidepressants. Maprotiline possibly has a more rapid onset, lower cardiovascular toxicity and lower anticholinergic side effects, but also there is the increased possibility of skin rashes; trazodone possibly has a more rapid onset, lower cardiovascular toxicity and lower anticholinergic side effects, but also an increase in drowsiness; trimipramine has actions similar to older tricyclics, and amoxapine possibly has a more rapid onset but also some neuroleptic activity. MICHAEL J. GARVEY, MD

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Underdiagnosis of Physical Causes of Psychiatric Symptoms

PSYCHIATRIC SYNDROMES resembling depression, anxiety, mania and even schizophrenia often result from undiagnosed organic conditions. One study of more than 2,000 psychiatric clinic patients reported major medical illness in 43 percent of the sample. Almost half of these illnesses had not been diagnosed by the referral source (nonpsychiatric physicians had failed to diagnose 32 percent of these major medical illnesses, psychiatrists 48 percent and social agencies 83 percent). In almost 8 percent of cases, the medical illness was the cause of the patient's psychiatric signs and symptoms. Other studies have produced similar findings. Despite previous medical examinations, about 5 percent of psychiatric inpatients suffer from undiagnosed medical diseases causing their psychiatric disorders. In all likelihood organic causes also underlie a portion of the psychiatric symptomatology that goes unrecognized in medical inpatient and outpatient practices.

Of previously unrecognized organic illnesses, 90